

FIGURE 4



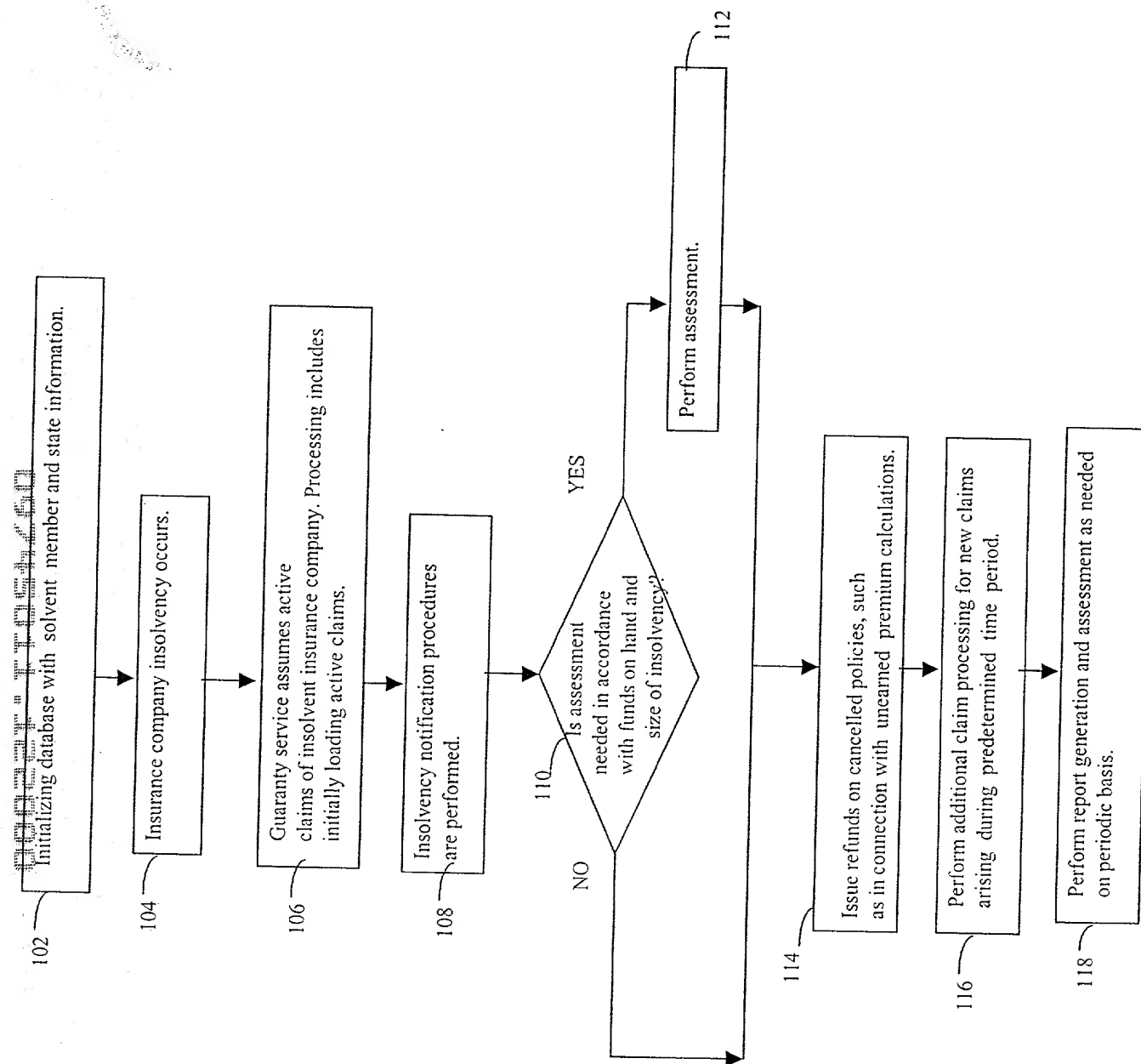


FIGURE 5





000221\* F1054/60

200

123

File Edit Claims Unearned Premiums Assessments Member/State Financial Administration Reports Diary View Window Help



Claims Search Ctrl+L ✓  
Claims New... Ctrl+N

1571

1580

116-0121-A

111-0121-A

1-111

☒

|   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
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| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 | 101 | 102 | 103 | 104 | 105 | 106 | 107 | 108 | 109 | 110 | 111 | 112 | 113 | 114 | 115 | 116 | 117 | 118 | 119 | 120 | 121 | 122 | 123 | 124 | 125 | 126 | 127 | 128 | 129 | 130 | 131 | 132 | 133 | 134 | 135 | 136 | 137 | 138 | 139 | 140 | 141 | 142 | 143 | 144 | 145 | 146 | 147 | 148 | 149 | 150 | 151 | 152 | 153 | 154 | 155 | 156 | 157 | 158 | 159 | 160 | 161 | 162 | 163 | 164 | 165 | 166 | 167 | 168 | 169 | 170 | 171 | 172 | 173 | 174 | 175 | 176 | 177 | 178 | 179 | 180 | 181 | 182 | 183 | 184 | 185 | 186 | 187 | 188 | 189 | 190 | 191 | 192 | 193 | 194 | 195 | 196 | 197 | 198 | 199 | 200 | 201 | 202 | 203 | 204 | 205 | 206 | 207 | 208 | 209 | 210 | 211 | 212 | 213 | 214 | 215 | 216 | 217 | 218 | 219 | 220 | 221 | 222 | 223 | 224 | 225 | 226 | 227 | 228 | 229 | 230 | 231 | 232 | 233 | 234 | 235 | 236 | 237 | 238 | 239 | 240 | 241 | 242 | 243 | 244 | 245 | 246 | 247 | 248 | 249 | 250 | 251 | 252 | 253 | 254 | 255 | 256 | 257 | 258 | 259 | 260 | 261 | 262 | 263 | 264 | 265 | 266 | 267 | 268 | 269 | 270 | 271 | 272 | 273 | 274 | 275 | 276 | 277 | 278 | 279 | 280 | 281 | 282 | 283 | 284 | 285 | 286 | 287 | 288 | 289 | 290 | 291 | 292 | 293 | 294 | 295 | 296 | 297 | 298 | 299 | 300 | 301 | 302 | 303 | 304 | 305 | 306 | 307 | 308 | 309 | 310 | 311 | 312 | 313 | 314 | 315 | 316 | 317 | 318 | 319 | 320 | 321 | 322 | 323 | 324 | 325 | 326 | 327 | 328 | 329 | 330 | 331 | 332 | 333 | 334 | 335 | 336 | 337 | 338 | 339 | 340 | 341 | 342 | 343 | 344 | 345 | 346 | 347 | 348 | 349 | 350 | 351 | 352 | 353 | 354 | 355 | 356 | 357 | 358 | 359 | 360 | 361 | 362 | 363 | 364 | 365 | 366 | 367 | 368 | 369 | 370 | 371 | 372 | 373 | 374 | 375 | 376 | 377 | 378 | 379 | 380 | 381 | 382 | 383 | 384 | 385 | 386 | 387 | 388 | 389 | 390 | 391 | 392 | 393 | 394 | 395 | 396 | 397 | 398 | 399 | 400 | 401 | 402 | 403 | 404 | 405 | 406 | 407 | 408 | 409 | 410 | 411 | 412 | 413 | 414 | 415 | 416 | 417 | 418 | 419 | 420 | 421 | 422 | 423 | 424 | 425 | 426 | 427 | 428 | 429 | 430 | 431 | 432 | 433 | 434 | 435 | 436 | 437 | 438 | 439 | 440 | 441 | 442 | 443 | 444 | 445 | 446 | 447 | 448 | 449 | 450 | 451 | 452 | 453 | 454 | 455 | 456 | 457 | 458 | 459 | 460 | 461 | 462 | 463 | 464 | 465 | 466 |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|



1

Figure 13





Claim Detail

State Fund:  Claim Number:  Type:  Claim

Insolvency:  GFMS Number:  Status:  Open

Policy Number:  Date of Loss:  Status Reason:

First Name:  MI:  Last Name:  Status Change Date:  12/08/2009

D/B/A or Company:  Closed Status Approval ID:

☐ Blocked ☐ Read Notes

☐ Claim ☐ Claimant

Date Reported:  / / Related Claim Number:

Date Received:  / / Liquidator's Claim Number:

Date Entered:  12/08/2009 Defense Attorney 1:

Entered By:  US2 - Stadlander, Jason Defense Attorney 2:

Claim Handler:  Toxic Site:

Lookup Code(s):  Insurance Account:

1:  4:  Line of Insurance:

2:  5:  Claim Box Number:

3:  File Location:  100 - ONE BOWDOIN SQUARE

File Location Date:  12/08/2009

Figure 7c

File Claims Unearned Premiums Assessments Member/State Financial Administration Reports Diary View Window Help



Claim Detail

State Fund: MA ☒ Claim Number: 000291331-003 Type: CBN ☒

Insolvency: 180 - TRUST INSURANCE COMPANY ☒ GFMS Number: 88637 Status: Open ☒

Policy Number: 2062 Date of Loss: 08/20/1998 Status Reason: 2062

First Name: DEBORAH MI: Last Name: FLANAGAN Status Change Date: 08/09/2000

D/B/A or Company: Approval ID: ☐ Blocked ☐ Read Notes

Policy Claim Claimant 2062

Claimant List

| Claimant # | Claimant Name | Address | Telephone   | Fax | E-Mail | Social Security | Date of Birth |
|------------|---------------|---------|-------------|-----|--------|-----------------|---------------|
| 1          | LAPSHIN VLAD  |         | ( ) ext ( ) |     |        |                 |               |

New Modify Delete

New Search Totals Notes Diary Payment Delete Print Save Close

10/10/00 2062





Claim Search

Claim Number:

Policy Number:

Claimant

First Name:

MI:

Last Name:

D/B/A or Company:

Insured

First Name:

MI:

Last Name:

D/B/A or Company:

Lookup Code(s)

1:

2:

3:

Date of Loss:

Related Claim Number:

GFMS Number:

Liquidator's Claim Number:

Quick Search

GFMS Number:

Insolvency:

State Fund:

Search

Close

New

Search

Totals

Notes

Diary

Payment

Delete

Print

Save

Close

224

Unearned Premiums New Ctrl+N 1540

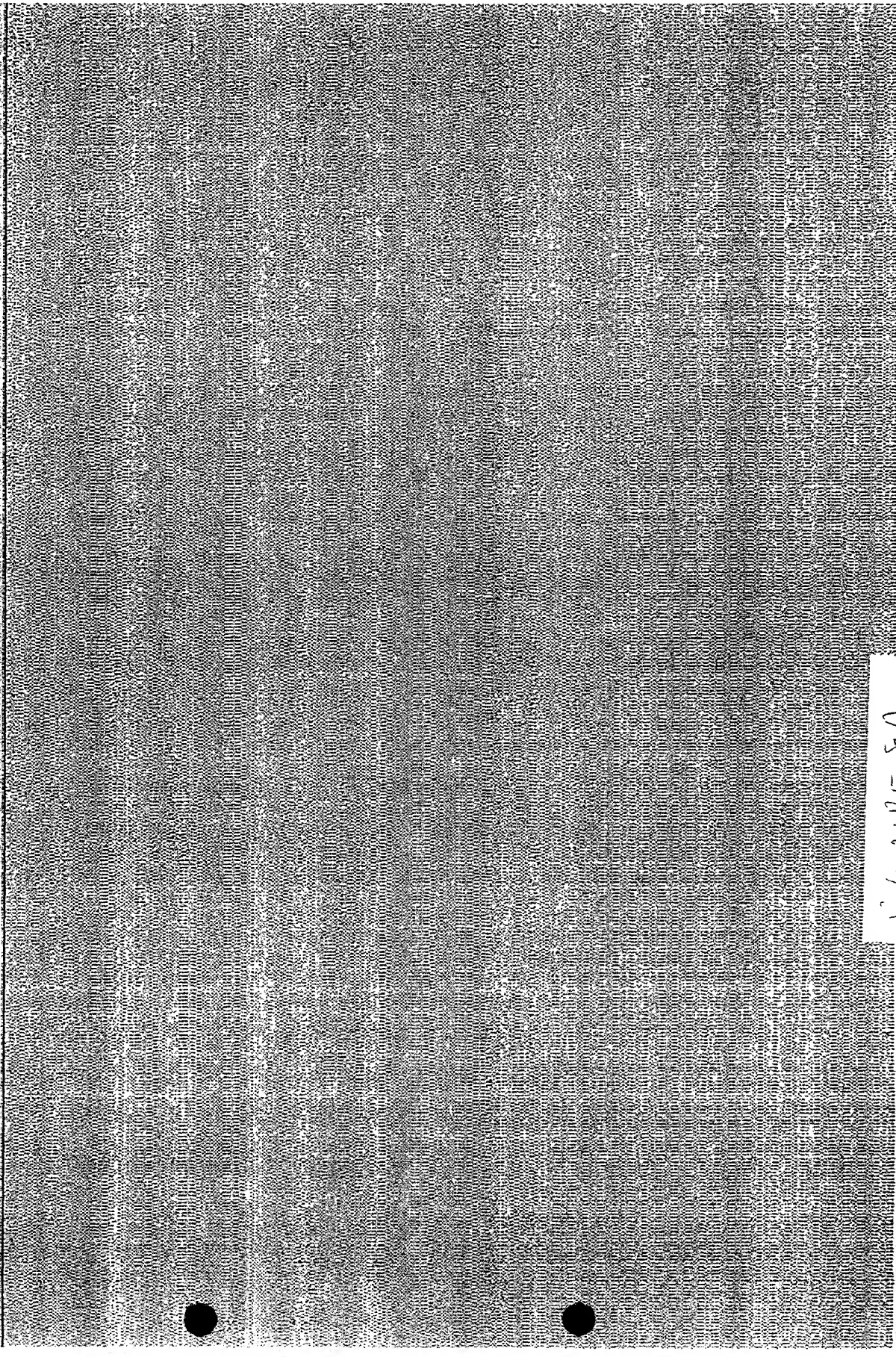


Figure 8A





Unearned Premium Policy Detail

State Fund:

Insolvency:

UP Policy Number:

Insured

|                         |    |           |
|-------------------------|----|-----------|
| Insured #1 - First Name | MI | Last Name |
| Insured #2 - First Name | MI | Last Name |
| D/B/A or Company        |    |           |

Policy

Policy Information

Inception Date:

Termination Date:

Cancellation Date:

Billing Type:

Auditable:

Agent:

UP Handler:

Entered By:

File Location:

Status:

Status Reason:

Status Change Date:

File Location Date:

New Search Notes Diary Delete Print Save Close



Unearned Premium Policy Detail

State Fund: [dropdown]

Insolvency: [dropdown]

UP Policy Number: [text]

Insured [checkbox]

|                          |        |     |        |            |        |
|--------------------------|--------|-----|--------|------------|--------|
| Insured #1 - First Name: | [text] | Mi: | [text] | Last Name: | [text] |
| Insured #2 - First Name: | [text] | Mi: | [text] | Last Name: | [text] |
| D/B/A or Company: [text] |        |     |        |            |        |

| Policy  | Insured  | Premium Calculation  | Payment History |
|---|--|--|-----------------|
| <input checked="" type="checkbox"/> Insured<br>Street 1: [text]<br>Street 2: [text]<br>Street 3: [text]<br>City: [text]<br>Zip Code: [text] | <input type="checkbox"/> Insured<br>Street 1: [text]<br>Street 2: [text]<br>Street 3: [text]<br>City: [text]<br>Zip Code: [text] | Optional or Additional Payee<br>Type: [dropdown]<br>Name: [text]<br>Street 1: [text]<br>Street 2: [text]<br>Street 3: [text]<br>City: [text]<br>Zip Code: [text] | State: [text]   |

Proof of Claim: [Waived]  
 Proof of Claim #: [text]













## Diary Detail

State Fund:

State Fund:

Massachusetts Insurers Involvement Fund

UP Policy Number:

AMERICAN MUTUAL INSURANCE CO. OF BOSTON

Insured \_\_\_\_\_ Policy Number: \_\_\_\_\_

8102360420

Insured #1 - First

SMITKIMARPKADAKA SMITKIMARPKADAKA

Insured #2 - First

**Claimant:** \_\_\_\_\_

D/B/A, or Compete

Claim Number: \_\_\_\_\_

# Polis

## Line of Insurance

[illegible]

Total Premium:

Diary Date: 12/08/2000

Premium Paid:

| Premium Paid | Comments | New Unearned Premium |
|--------------|----------|----------------------|
|              |          |                      |

Gross Unearned

## Remaining Dedu

| Remaining Bedu | Diary Date | Review Date | Comments |
|----------------|------------|-------------|----------|
|----------------|------------|-------------|----------|

## Payments Issued

| Payments Issued |  |
|-----------------|--|
|                 |  |

Override Amount

Overde Amm

## Unearned Premium

## Unearned Premium

Reserve:

Downloaded from <http://www.jstor.org/stable/2346128> on Tue, 20 Jun 2016 12:01:11 UTC  
All use subject to [JSTOR Terms and Conditions](#)

Save Cancel

New

Case 1:17-cv-01001 Document 1-1 Filed 07/26/17 Page 1 of 1

## Status

17(41) 6

14/2/08/2000

11:26 AM





New Search... Ctrl+G ~ 156C Ctrl+A ~ 156D

Premiums ~ 156C  
Allocate / Approve Assessment ~ 156D  
Process Assessment ~ 156E  
Refund Search ~ 156F  
NAIC Data Load ~ 156G









Individual Assessment Search

State Fund

Insolvency

Insurance Account

Kind:

Type

Search fields for State Fund, Insolvency, and Insurance Account.

Assessment Date

Premium Base Year

Status

Reversal

Include Adjustments

| Assess Date | State Fund | Insolvency | Acct | Kind | Type | Amount | Base Year | Status | Reversal |
|-------------|------------|------------|------|------|------|--------|-----------|--------|----------|
|-------------|------------|------------|------|------|------|--------|-----------|--------|----------|

Search New Delete Select Close



00022E 13054460

136

STARS

File Claims Unearned Premiums Assessments

Member/State Financial Administration Reports Diary View Window Help



Member Search: Ctrl+M

New Member: Ctrl+B

State Fund: Ctrl+T

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13054460

Page



000227-110000



Member Detail

NAIC Number:

Member Name:

Assign to Group:

Group Code:

Group Name:

Insolvency

Stationary Liquidator

Operational Liquidator

State Funds

Comments

Member

Administrative

Street 1:

Street 2:

Street 3:

City:

State:

Zip Code:

Contact:

Telephone:  ( )  Ext:

Fax:  ( )

E-Mail:

State of Domicile:

☐ Servicing Carrier

Split Member

☐ Split  Year

☐ Address

Combine Member

☐ Combine

☐ Member(s)

Search

Insolvency

New

Save

Close



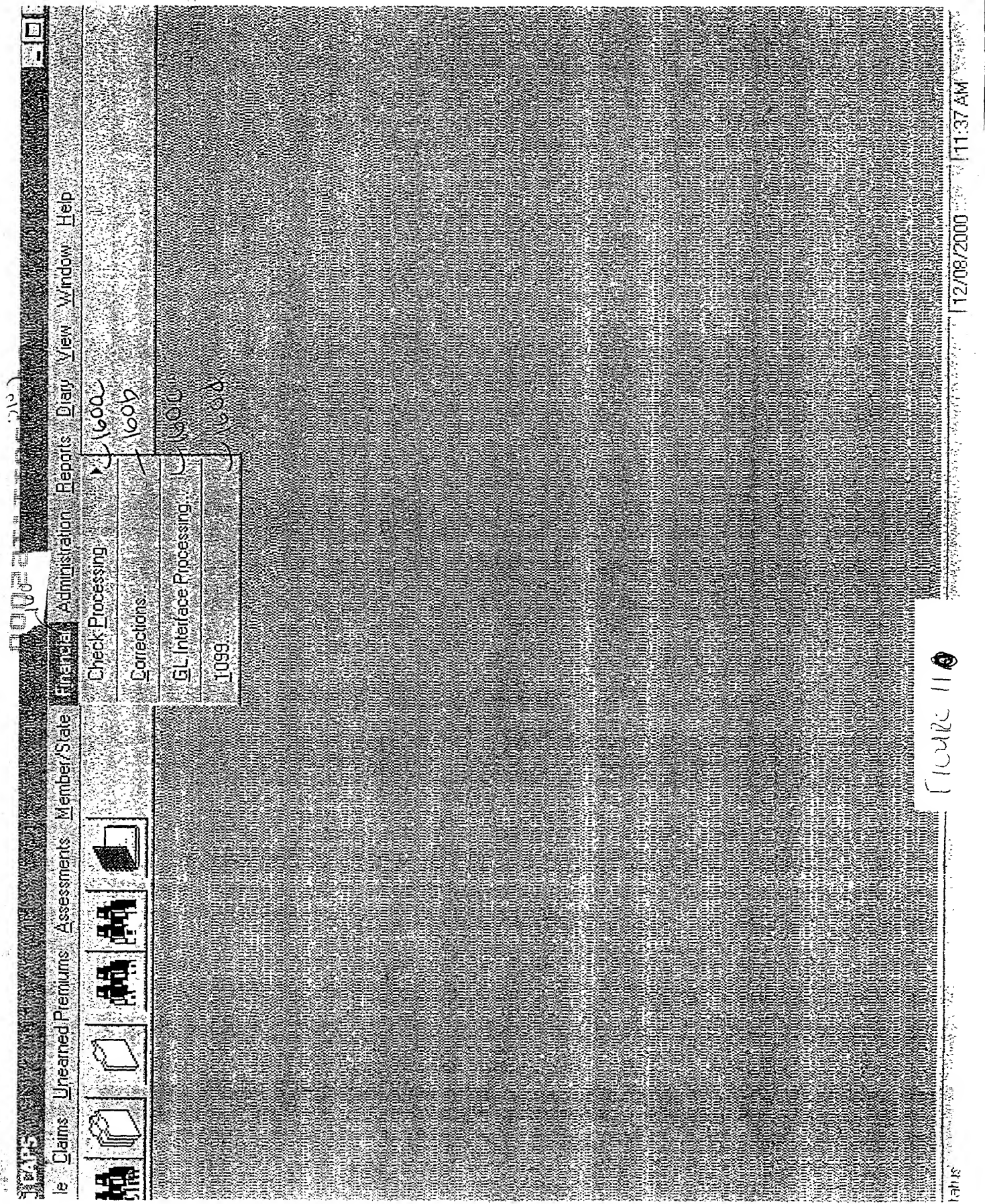


Figure 110





|                   |      |
|-------------------|------|
| Add Code          | 1620 |
| File Location     | 1620 |
| Approvals         | 1620 |
| Agent             | 1620 |
| Liquidator        | 1620 |
| Provider/Payee    | 1620 |
| Toxic Site        | 1620 |
| Helmman           | 1620 |
| UDS Map           | 1620 |
| NAIC LOI Code     | 1620 |
| Insurance Account | 1620 |
| Security          | 1620 |
| Claim Handler     | 1620 |
| Change Password   | 1620 |
| Enroll            | 1620 |

FILE 12



2/16/00

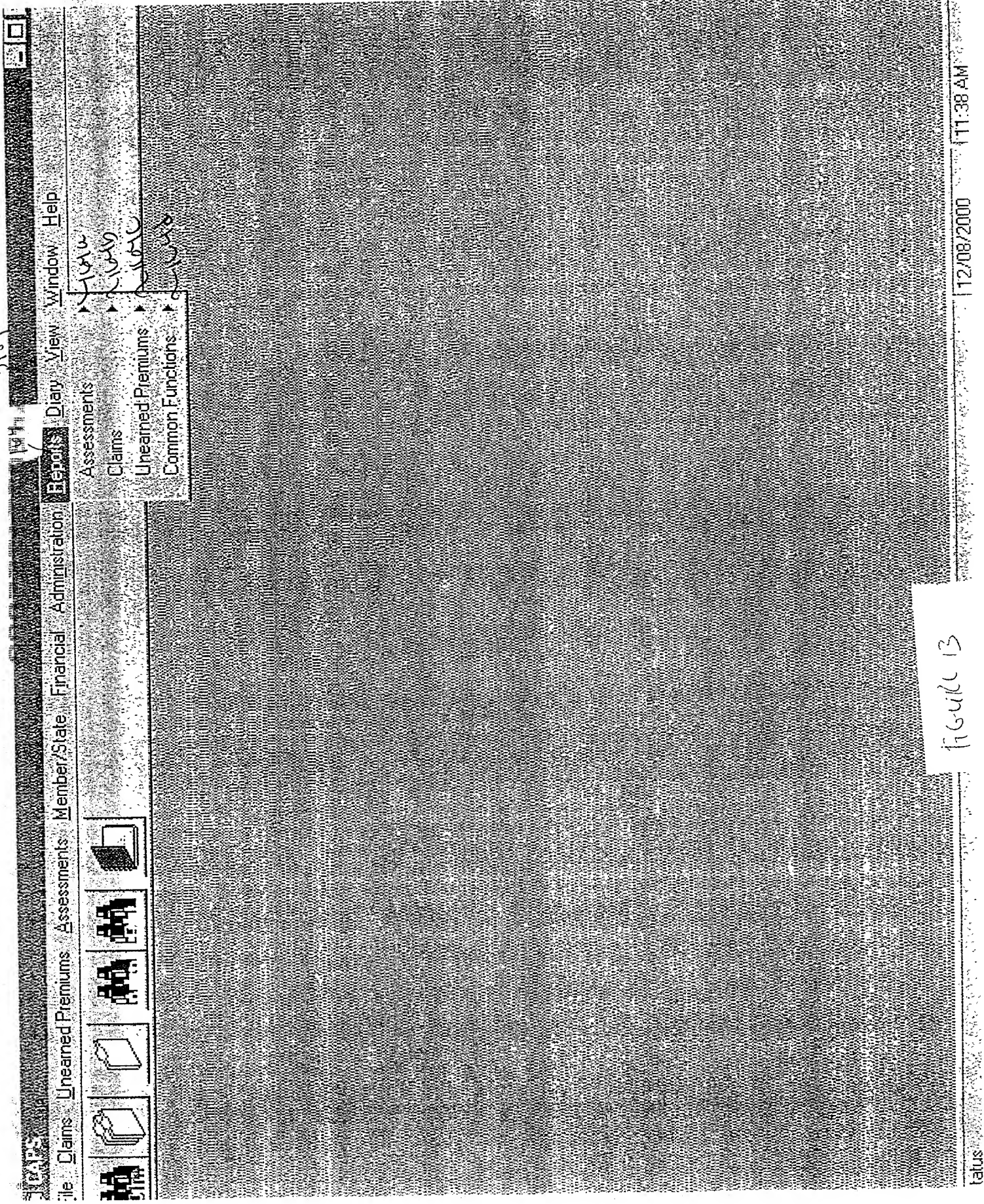


Figure 13

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347



File Claims Unearned Premiums Assessments Member/State Financial Administration Reports Diary View Window Help



**Change Password**

User ID:

Old Password:

New Password:

Confirm New Password:

10-17C 15

12/08/2000 11:32 AM

tatus





Users

| User ID  | User Name        | Status |
|----------|------------------|--------|
| DA1      | Amigo, Denise    | Active |
| LA2      | Anderson, Laura  | Active |
| LA1      | Angelone, Linda  | Active |
| AUDITORS | auditor, auditor | Active |
| BB1      | Barry, Robert    | Active |
| RFB      | Barry, Robert    | Active |
| RB1      | Bell, Richard    | Active |
| VB1      | Bena, Vivian     | Active |
| MB1      | Biever, Marisa   | Active |
| DB1      | Brown, Donald    | Active |
| LC2      | Cardinal, Leanne | Active |

New

Modify

Assign Roles

Close

1761616



**Assign Roles**

User Name: Amigo, Denise

Available User Roles:

- Accounting Clerk
- Accounting Manager
- Claims Assistant Manager
- Claims Clerk
- Senior Claim Clerk
- Unearned Premiums Clerk
- UNKNOWN

Assigned User Roles:

- Claims Handler
- Claims Manager
- Unearned Premiums Handler
- Unearned Premiums Manager

Buttons: >> << Save Cancel

7/24/05 12





User ID

DA1

First Name

Denise

Last Name

Amigo

User Login ID

DA1

User Status

Active

Save

Cancel

Assign Roles

Close

| User ID  | First Name | Last Name | User Login ID | User Status |
|----------|------------|-----------|---------------|-------------|
| LA2      |            |           |               |             |
| LA1      |            |           |               |             |
| AUDITORS |            |           |               |             |
| BB1      |            |           |               |             |
| RFB      |            |           |               |             |
| RB1      |            |           |               |             |
| VB1      |            |           |               |             |
| MB1      |            |           |               |             |
| DB1      |            |           |               |             |
| LC2      |            |           |               |             |

17661175 18

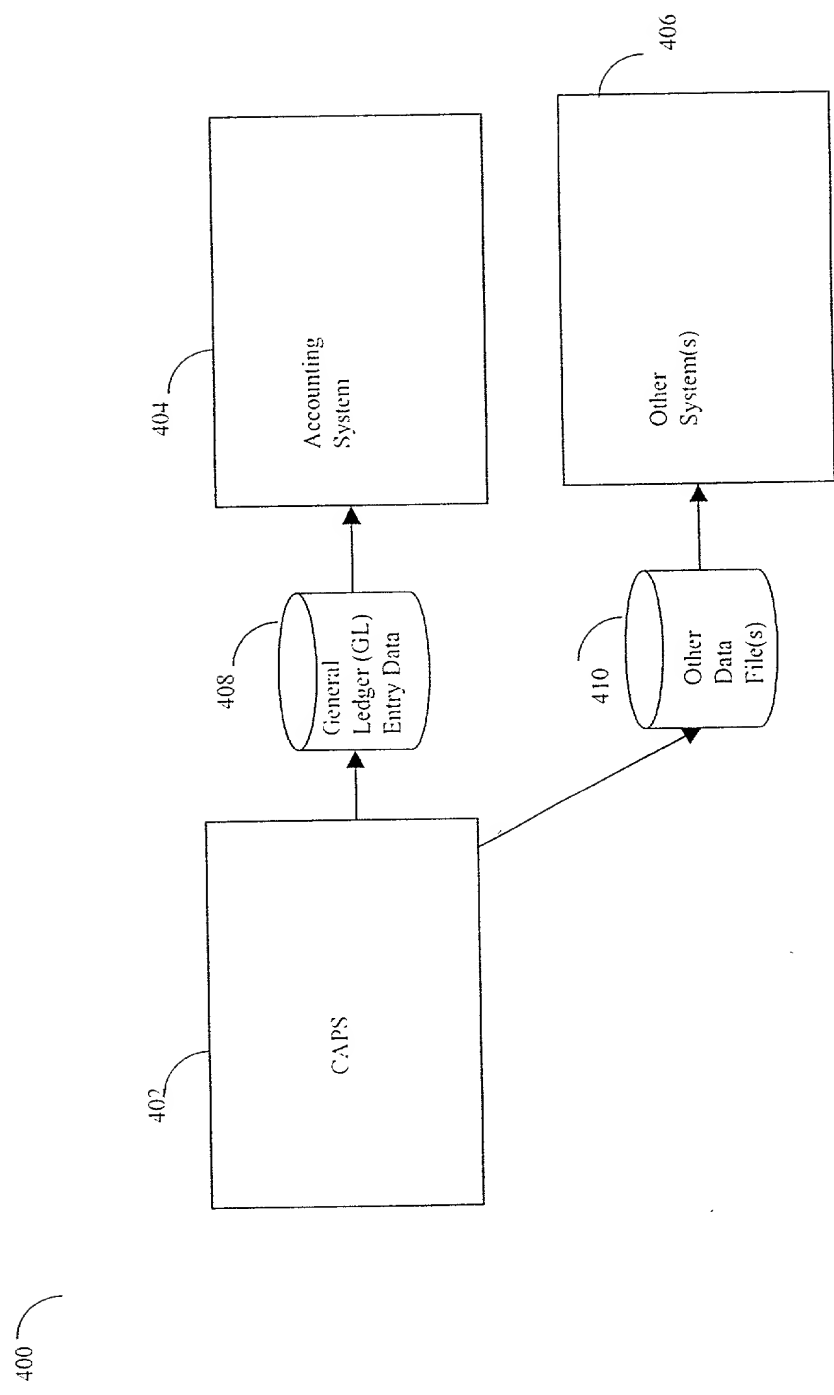


FIGURE 19

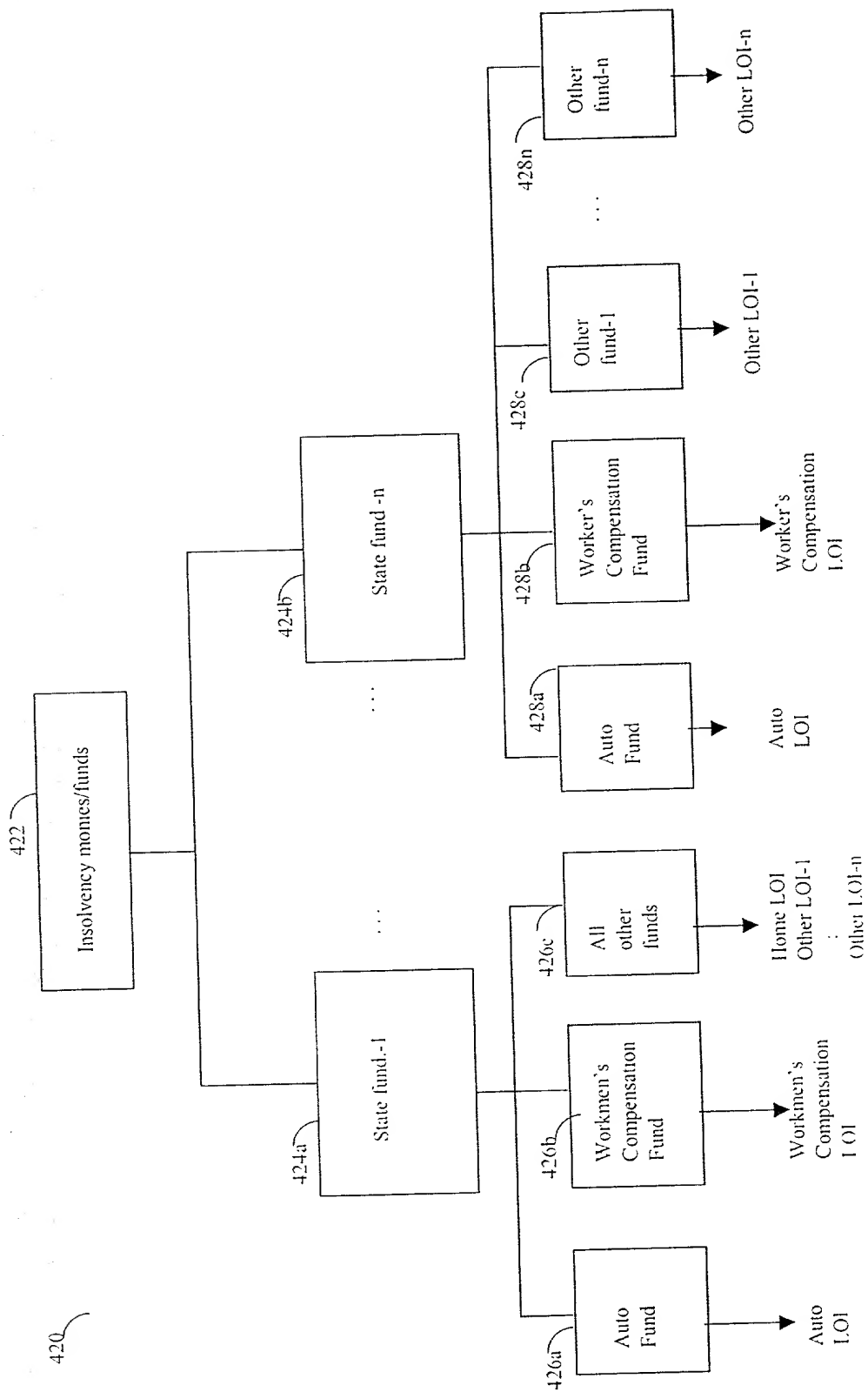


FIGURE 20

5007

**Insolvency Mapping**

Insolvency: Johnson Mutual Insurance Company

State Fund: NH

Insurance Account: Auto

Coverage List:

| Yes/No | Coverage Code | Coverage Description   |
|--------|---------------|--|
| N      | 305003        | Commercial Auto-Liability-Bodily Injury-Combined Single or Split Limit             |
| N      | 305006        | Commercial Auto-Liability-Bodily Injury-Combined Single or Split Limit-Aggregate   |
| N      | 305009        | Commercial Auto-Liability-Bodily Injury-Underinsured Motorist                      |
| N      | 305012        | Commercial Auto-Liability-Bodily Injury-Uninsured Motorist                         |
| N      | 305015        | Commercial Auto-Liability-Property Damage-Combined Single or Split Limit           |
| N      | 305018        | Commercial Auto-Liability-Property Damage-Combined Single or Split Limit-Aggregate |
| N      | 305021        | Commercial Auto-Liability-Property Damage-Underinsured Motorist                    |
| N      | 305024        | Commercial Auto-Liability-Property Damage-Uninsured Motorist                       |
| N      | 305027        | Personal Injury Protection (PIP)-No Fault  |
| N      | 305030        | Medical Payments   |
| N      | 305033        | Comprehensive or Specified Perils  |

Map/Unmap Save Close

SC4

SC2

Suba

Subb

Subc

FIGURE 21

000221 11051760

510

514

Totals

State Fund: MA

Claim Number: 12345678901234567890

Insolvency: Abington Mutual Insurance Company

GFMS Number: GF00000001

Policy Number: HP020240000000000000

Date of Loss: 04/27/1999

Claimant

Claimant: Bronson Klopfenstein

Coverage

Coverage List:

| Coverage        | Loss Res.    | Loss Paid   | Loss Pend. | Exp. Res.   | Exp. Paid  | Exp. Pend. | Loss Recovery | Exp. Recovery | Offset   |
|-----------------|--------------|-------------|------------|-------------|------------|------------|---------------|---------------|----------|
| Benefits        | \$300,000.00 | \$20,000.00 | \$2,000.00 | \$40,000.00 | \$4,000.00 | \$0        | \$1,000.00    | \$100.00      | \$500.00 |
| Medical Expense | \$11,000.00  | \$500.00    | \$0        | \$5,000.00  | \$1,000.00 | \$0        | \$1,000.00    | \$0           | \$0      |
| COLA            | \$3,000.00   | \$500.00    | \$150.00   | \$1,000.00  | \$200.00   | \$50.00    | \$0           | \$0           | \$0      |
| Claimant Totals | \$314,000    | \$21,000    | \$2,150    | \$46,000    | \$5,200    | \$50       | \$2,000       | \$100         | \$500    |
| Claim Totals    | \$600,000    | \$60,000    | \$10,000   | \$90,000    | \$15,000   | \$3,000    | \$7,000       | \$500         | \$1,000  |

Close

516

000221" F1054/60

FIGURE 22

520

522

524

526

000221-122000

**Totals**

State Fund: MA Claim Number: 12345678901234567890

Insolvency: Abington Mutual Insurance Company GFMS Number: GF00000001

Policy Number: HP020240000000000000 Date of Loss: 04/27/1999

Claimant Coverage

Coverage: Benefits

Claimant List

| Claimant             | Loss Res.    | Loss Paid   | Loss Pend. | Exp. Res.   | Exp. Paid  | Exp. Pend. | Loss Recovery | Exp. Recovery | Offset   |
|----------------------|--------------|-------------|------------|-------------|------------|------------|---------------|---------------|----------|
| Bronson Klopfenstein | \$300,000.00 | \$20,000.00 | \$2,000.00 | \$40,000.00 | \$4,000.00 | \$0        | \$2,000.00    | \$150.00      | \$600.00 |
| John Smith           | \$200,000.00 | \$30,000.00 | \$3,000.00 | \$40,000.00 | \$5,000.00 | \$1,000.00 | \$0           | \$0           | \$0      |
| Coverage Totals      | \$500,000    | \$50,000    | \$5,000    | \$80,000    | \$9,000    | \$1,000    | \$2,000       | \$150         | \$600    |
| Claim Totals         | \$600,000    | \$60,000    | \$10,000   | \$90,000    | \$15,000   | \$3,000    | \$7,000       | \$500         | \$1,000  |

Close

FIGURE 23



000221 11054760

530

**Diary Detail**

State Fund: RI Ins. Insolvency Fund 532

Insolvency: United Community Insurance Co.

Policy Number: WC 447824

Insured: South Kingstown School Dept

Claimant: Jason Rodner

Claim Number: 435678

Date of Loss: 02/13/1999

User ID: gw1 Reviewer ID: df1 535a

Diary Date: 05/10/1999 Review Date: 06/30/1999 OR Number of Days: 535b

Comments: New Claim 534

Diary History List

| Diary Date | Review Date | Comments |
|------------|-------------|----------|
|            |             |          |
|            |             |          |
|            |             |          |
|            |             |          |
|            |             |          |

536

Save Cancel

FIGURE 24

540 540 540 550 552

|                  | Action  | Diary Type                   | Claim | Unearned Premium | Generic <sup>+</sup> |
|------------------|---|------------------------------|-------|------------------|----------------------|
| Approval         | • when a claim payment is deleted   | Claim payment approval       | ✓     |                  |                      |
| Approval         | • when an unearned premium payment is deleted   | Up payment approval          |       | ✓                |                      |
| Approval         | • when the closing of a claim is rejected   | Claim closing approval       | ✓     |                  |                      |
| Approval         | • when the closing of an unearned premium is rejected   | Up closing approval          |       | ✓                |                      |
| Claim            | • when a claim status is changed to "close"   | Claim status changed         | ✓     |                  |                      |
| Unearned Premium | • when an unearned premium status is changed to "close"   | Up status changed            |       | ✓                |                      |
| LOI              | • when a LOI is modified  | Loi modified                 |       |                  | ✓                    |
| LOI              | • when a LOI is deleted   | Loi deleted                  |       |                  | ✓                    |
| Notes            | • when a claim note is sent to a reviewer   | Claim note                   | ✓     |                  |                      |
| Notes            | • when a claimant note is sent to a reviewer  | Claimant note                | ✓     |                  |                      |
| Notes            | • when an unearned premium note is sent to a reviewer   | Up note                      |       | ✓                |                      |
| Reserve          | • when a reserve is adjusted for a claimant   | Claim reserve                | ✓     |                  |                      |
| Reserve          | • when a reserve is adjusted for a unearned premium policy  | Up reserve                   |       | ✓                |                      |
| Taxpayer         | • when a new taxpayer is added  | New taxpayer                 |       |                  | ✓                    |
| Taxpayer         | • when a taxpayer is modified   | Modify taxpayer              |       |                  | ✓                    |
| Claimant         | • When the user enters or adjusts a reserve above a user's preset reserve aggregate or increment limit, then a diary is sent to a Claim Manager for approval. | Claimant reserve above limit | ✓     |                  |                      |

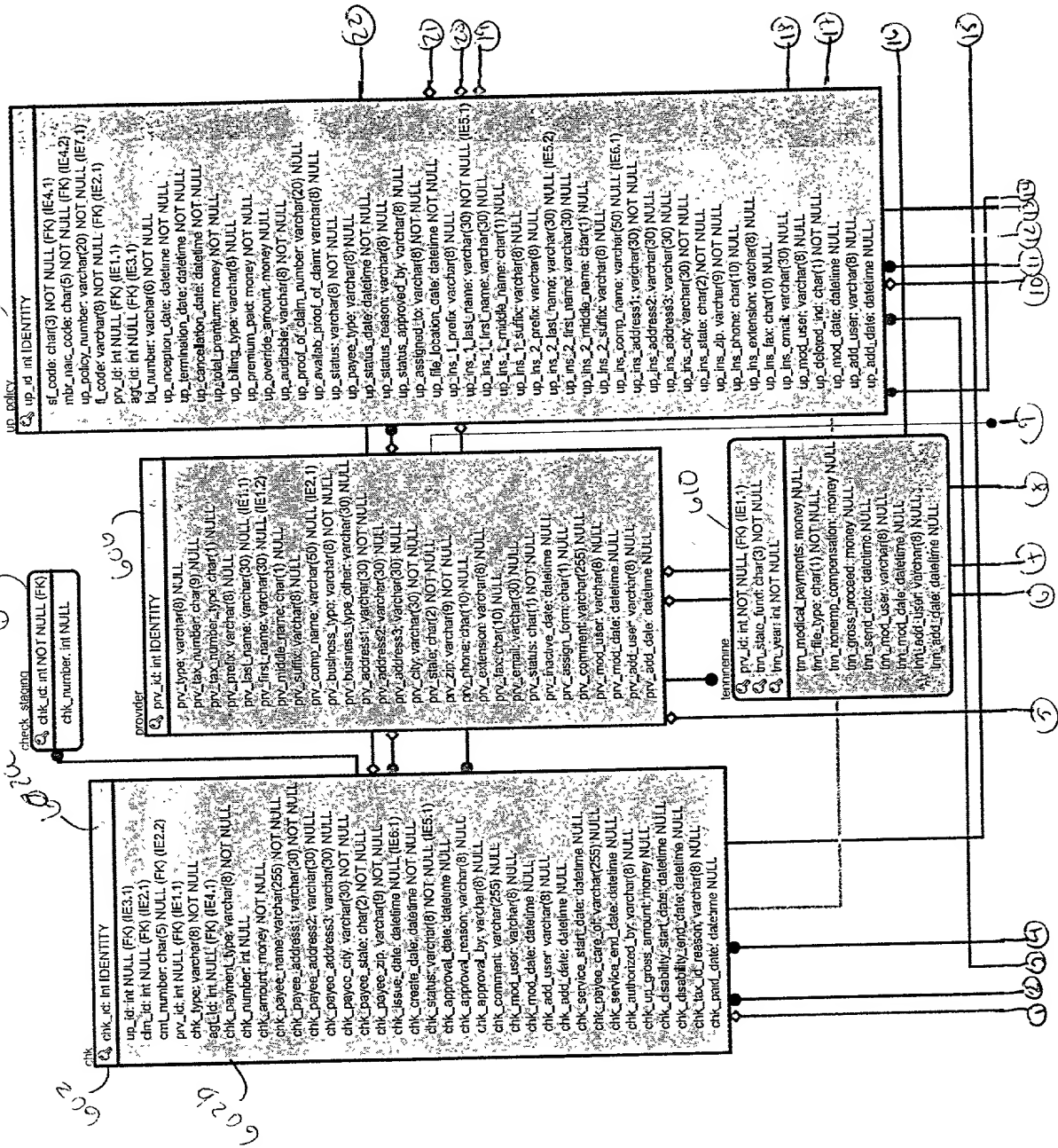
FIGURE 25

6009

|     |     |     |
|-----|-----|-----|
| 26B | 26C | 26D |
| 26E | 26F | 26G |
| 26H | 26I | 26J |

Figure 26A

Figure 26B



|        |  |
|--------|--|
| member | <p>             mbr_mbr_code char(4) NULL (E3.1)<br/>             statutory_inq int NULL (F4) (E1.1)<br/>             operational_inq int NULL (F4) (E2.1)<br/>             mbr_name varchar(50) NOT NULL<br/>             mbr_contact_state char(2) NOT NULL<br/>             mbr_couple_code char(9)<br/>             mbr_sending_carrier char(1) NOT NULL<br/>             mbr_contact_name varchar(64) NULL<br/>             mbr_address1 varchar(30) NULL<br/>             mbr_address2 varchar(30) NULL<br/>             mbr_address3 varchar(30) NULL<br/>             mbr_city varchar(30) NOT NULL<br/>             mbr_state char(2) NOT NULL<br/>             mbr_zip varchar(10) NULL<br/>             mbr_contact_phone char(10) NULL<br/>             mbr_contact_extension varchar(6) NULL<br/>             mbr_contact_fax char(10) NULL<br/>             mbr_contact_email varchar(30) NULL<br/>             mbr_contact_name varchar(64) NULL<br/>             mbr_admin_address1 varchar(30) NULL<br/>             mbr_admin_address2 varchar(30) NULL<br/>             mbr_admin_address3 varchar(30) NULL<br/>             mbr_admin_city varchar(30) NULL<br/>             mbr_admin_state char(2) NULL<br/>             mbr_admin_zip varchar(10) NULL<br/>             mbr_admin_contact_phone char(10) NULL<br/>             mbr_admin_contact_extension varchar(6) NULL<br/>             mbr_admin_contact_fax char(10) NULL<br/>             mbr_admin_contact_email varchar(30) NULL<br/>             mbr_admin_state char(2) NULL<br/>             mbr_admin_zip varchar(10) NULL<br/>             mbr_status varchar(9) NOT NULL<br/>             mbr_status_date datetime NOT NULL<br/>             mbr_insv_code char(3) NULL<br/>             mbr_insv_date datetime NULL (E4.1)<br/>             mbr_insv_closed_date datetime NULL<br/>             mbr_insv_reactivate_date datetime NULL<br/>             mbr_insv_reporting_ref varchar(6) NULL<br/>             mbr_mbr_user varchar(8) NULL<br/>             mbr_mbr_date datetime NULL<br/>             mbr_add_user varchar(8) NULL<br/>             mbr_add_date datetime NULL </p> |
|--------|--|

```

mgr_comp_name varchar(50) NOT NULL
mgr_comp_address1 varchar(30) NOT NULL
mgr_comp_address2 varchar(30) NOT NULL
mgr_comp_address3 varchar(30) NOT NULL
mgr_comp_city varchar(30) NOT NULL
mgr_comp_state char(2) NOT NULL
mgr_comp_zip varchar(9) NOT NULL
mgr_cnic_name varchar(64) NOT NULL
mgr_cnic_phone char(10) NULL
mgr_cnic_extension varchar(8) NULL
mgr_cnic_fac char(10) NULL
mgr_cnic_email varchar(50) NULL
mgr_mod_user varchar(8) NULL
mgr_mod_date datetime NULL
mgr_add_user varchar(8) NULL
mgr_add_date datetime NULL

```

| member | financials                                    |
|--------|---|
| 1      | mbz_name: codes: char(5) NOT NULL (FK) (E1.1) |
| 2      | mt_type: varchar(8) NOT NULL                  |
| 3      | mt_premium_year: int NOT NULL                 |
|        | mt_value: money NOT NULL                      |
|        | mt_mod_user: varchar(8) NULL                  |
|        | mt_mod_date: datetime NULL                    |
|        | mt_add_user: varchar(8) NULL                  |
|        | mt_add_date: datetime NULL                    |

```

    uds_description: varchar(80) NOT NULL
    loc_number: varchar(6) NULL (FK) (E1.1)
    uds_mod_user: varchar(8) NULL
    uds_mod_date: datetime NULL
    uds_add_user: varchar(8) NULL
    uds_add_date: datetime NULL

```

```

line of insurance
col_number: varchar(5) NOT NULL
col_description: varchar(80) NOT NULL
col_status: char(1) NULL
col_status_date: datetime NULL
col_mod_user: varchar(8) NULL
col_mod_date: datetime NULL
col_add_user: varchar(8) NULL
col_add_date: datetime NULL

```

```

solvency utis coverage code
s1_code:char(3) NOT NULL (FK) (IE1.1)
s2_code:char(3) NOT NULL (FK) (IE1.2)
mbr_name:code:char(5) NOT NULL (FK) (IE1.3)
lci_number:varchar(8) NOT NULL (FK) (IE1.3)
u1_code:char(8) NOT NULL (FK) (IE2.1)
u2_code:char(8) NOT NULL (FK) (IE2.1)
iud_mod_user:varchar(8) NULL
iud_mod_date:datetime NULL
iud_add_user:varchar(8) NULL
iud_add_date:datetime NULL

```

```

    st_code char(3) NOT NULL (FK) (E1.1)
    rmb_rmb_code char(5) NOT NULL (FK) (E1.2)
    rmb_number varchar(6) NOT NULL (FK) (E2.1)
    rmb_mod_user varchar(8) NULL
    rmb_mod_date datetime NULL
    rmb_aud_user varchar(8) NULL
    rmb_rdd_date datetime NULL

```

```

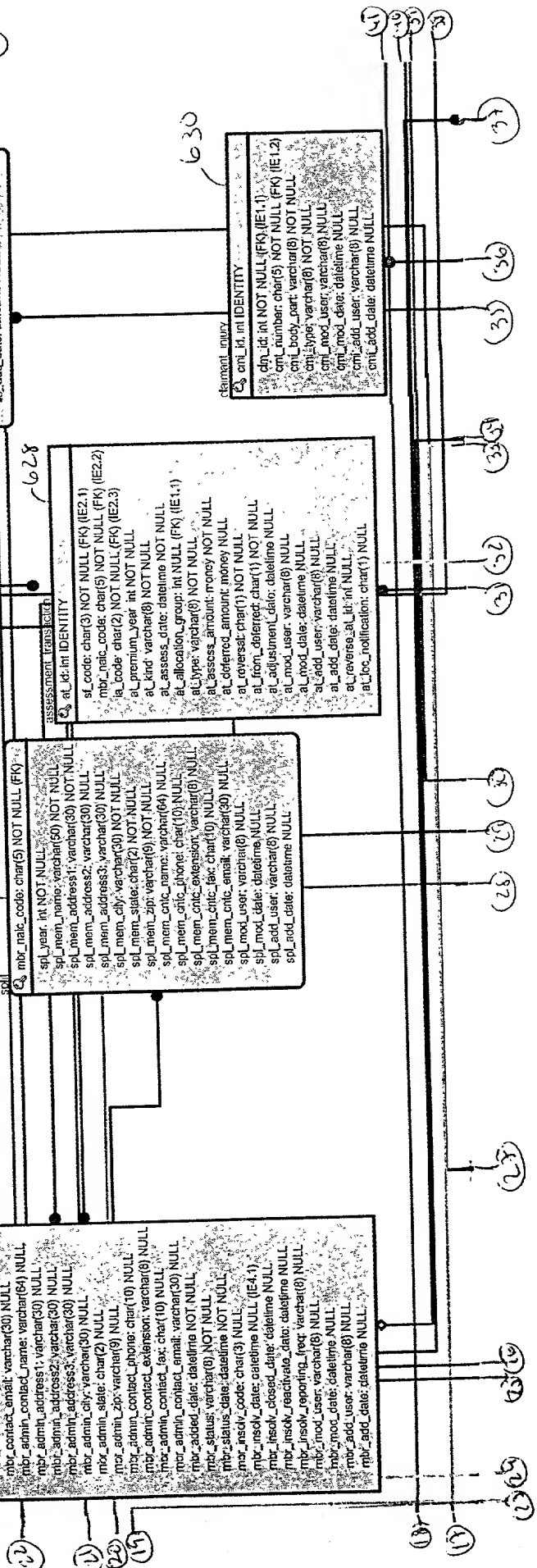
spl_year, int NOT NULL
spl_name, varchar(50) NOT NULL
spl_mem_address1, varchar(30) NOT NULL
spl_mem_address2, varchar(30) NULL
spl_mem_address3, varchar(30) NULL
spl_mem_city, varchar(30) NOT NULL
spl_mem_state, char(2) NOT NULL
spl_mem_zip, varchar(6) NOT NULL
spl_mem_cnic, name, varchar(64) NULL
spl_mem_cnic_phone, char(10) NULL
spl_mem_cnic_extension, varchar(6) NULL
spl_mem_cnic fax, char(10) NULL
spl_mem_cnic_email, varchar(30) NULL
spl_mod_user, varchar(6) NULL
spl_mod_date, datetime NULL
spl_act_user, varchar(6) NULL
spl_mod_date, datetime NULL

```

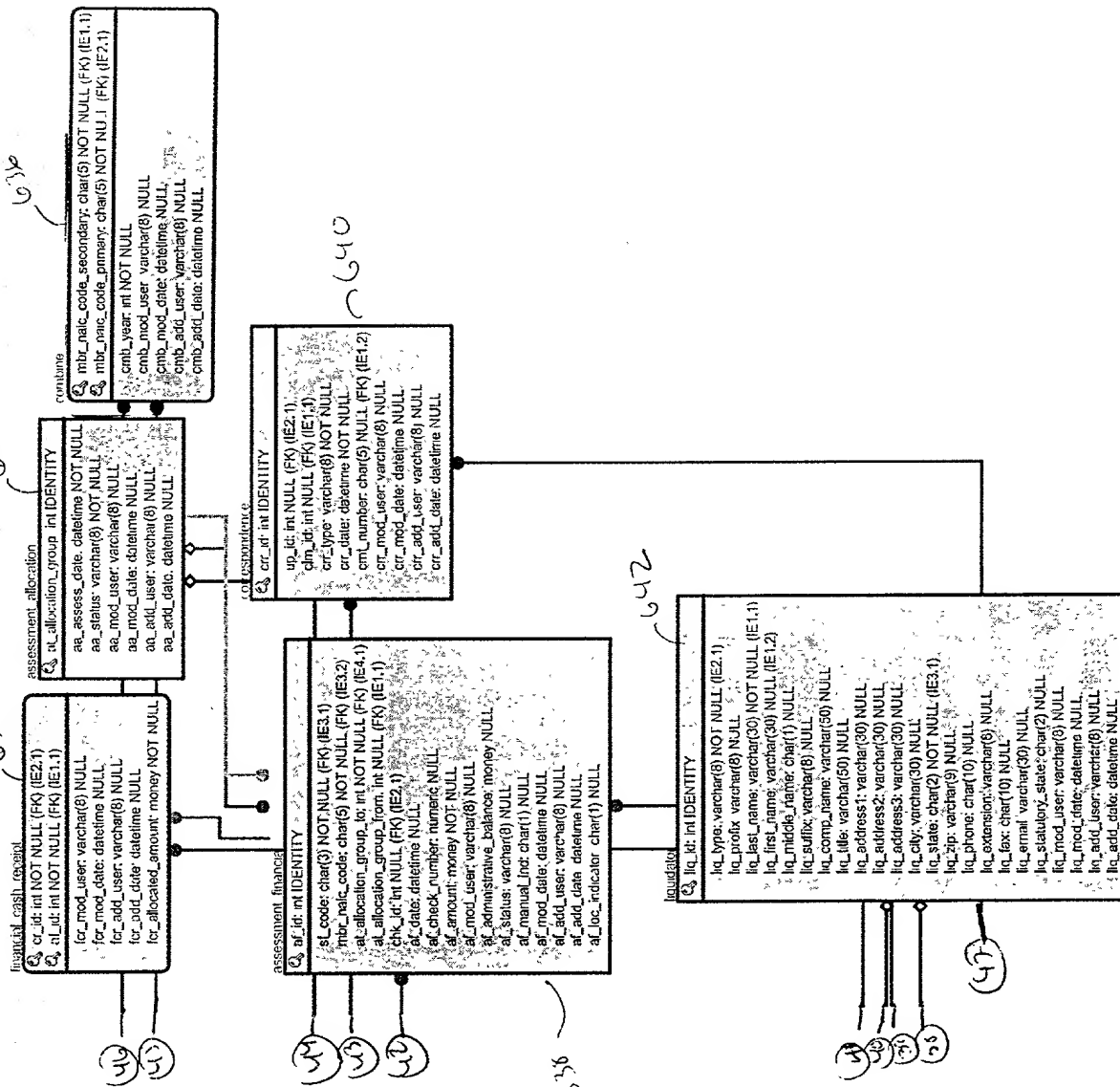
628

| assessment                      | trans    | batch        |
|---------------------------------|----------|--------------|
| al_code: char(3)                | NOT NULL | (FK) (IE2.1) |
| mbc_netc_code: char(5)          | NOT NULL | (FK) (IE2.2) |
| la_code: char(2)                | NOT NULL | (FK) (IE2.3) |
| al_premium_year: int            | NOT NULL |              |
| al_kind: varchar(8)             | NOT NULL |              |
| al_assess_date: datetime        | NOT NULL |              |
| al_allocation_group: int        | NULL     | (FK) (IE1.1) |
| al_type: varchar(8)             | NOT NULL |              |
| al_assess_amount: money         | NOT NULL |              |
| al_deferred_amount: money       | NULL     |              |
| al_conversal: char(1)           | NOT NULL |              |
| al_adjustment_deferred: char(1) | NOT NULL |              |
| al_adjustment_defer: datetime   | NULL     |              |
| al_mod_user: varchar(8)         | NULL     |              |
| al_mod_date: datetime           | NULL     |              |
| al_add_user: varchar(8)         | NULL     |              |
| al_add_date: datetime           | NULL     |              |
| al_reversal_date: datetime      | NULL     |              |
| al_doc_notification: char(1)    | NULL     |              |

| Q  | ent_id | ent_IDENTITY                 |
|----|--------|------------------------------|
| q1 | id     | id NOT NULL (FK) (IE:1)      |
| q2 | number | char(5) NOT NULL (FK) (IE:2) |
| q3 | body   | part varchar(8) NOT NULL     |
| q4 | type   | varchar(8) NOT NULL          |
| q5 | mod    | user varchar(8) NULL         |
| q6 | prod   | date datetime NULL           |
| q7 | add    | user varchar(8) NULL         |
| q8 | add    | date datetime NULL           |



FILED OCT 20 1990





The diagram illustrates a database schema for a financial system, likely related to insurance or claims. It features several tables with their respective attributes and relationships, indicated by lines and circled numbers.

**Tables and Attributes:**

- account** (Table 1):
  - agl\_id: int NOT NULL (FK) (IE1.1)
  - agl\_name: code: char(5) NOT NULL (FK) (IE1.1)
  - agl\_code: varchar(10) NOT NULL
  - agl\_comp\_name: varchar(60) NOT NULL
  - agl\_address1: varchar(30) NOT NULL
  - agl\_address2: varchar(30) NOT NULL
  - agl\_address3: varchar(30) NOT NULL
  - agl\_state: char(2) NOT NULL
  - agl\_zip: varchar(9) NOT NULL
  - agl\_phone: char(10) NULL
  - agl\_extension: varchar(8) NULL
  - agl\_fax: char(10) NULL
  - agl\_email: varchar(30) NULL
  - agl\_comment1: varchar(255) NULL
  - agl\_mod\_user: varchar(8) NULL
  - agl\_mod\_date: datetime NULL
  - agl\_comment2: varchar(255) NULL
  - agl\_add\_user: varchar(8) NULL
  - agl\_add\_date: datetime NULL
  - agl\_comment3: varchar(255) NULL
  - agl\_comment4: varchar(255) NULL
  - agl\_comment5: varchar(20) NULL
  - agl\_assign\_form: char(1) NULL
- claimant** (Table 2):
  - clm\_id: int NOT NULL (FK) (IE1.1)
  - clm\_number: char(5) NOT NULL
  - clm\_plaintiff: int NOT NULL (FK) (IE2.1)
  - clm\_level1: varchar(20) NULL
  - clm\_level2: varchar(20) NULL
  - clm\_last\_name: varchar(30) NULL (IE3.1)
  - clm\_first\_name: varchar(30) NULL (IE3.2)
  - clm\_comp\_name: varchar(60) NULL
  - clm\_middle\_name: char(1) NULL
  - clm\_suffix: varchar(30) NULL
  - clm\_address1: varchar(30) NULL
  - clm\_address2: varchar(30) NULL
  - clm\_address3: varchar(30) NULL
  - clm\_city: varchar(30) NULL
  - clm\_state: char(2) NULL
  - clm\_zip: varchar(9) NULL
  - clm\_phone: char(10) NULL
  - clm\_extension: varchar(8) NULL
  - clm\_fax: char(10) NULL
  - clm\_email: varchar(30) NULL
  - clm\_tax\_number: char(9) NULL
  - clm\_date\_of\_birth: datetime NULL
  - clm\_weekly\_wage: money NULL
  - clm\_date\_of\_disability: datetime NULL
  - clm\_mod\_user: varchar(8) NULL
  - clm\_deleted\_flg: char(1) NOT NULL
  - clm\_mod\_date: datetime NULL
  - clm\_add\_user: varchar(8) NULL
  - clm\_add\_date: datetime NULL
- file\_location** (Table 3):
  - fl\_code: varchar(8) NOT NULL
  - fl\_desc: varchar(80) NOT NULL
  - fl\_contact\_name: varchar(64) NOT NULL
  - fl\_contact\_address1: varchar(30) NOT NULL
  - fl\_contact\_address2: varchar(30) NULL
  - fl\_contact\_address3: varchar(30) NULL
  - fl\_contact\_city: varchar(30) NOT NULL
  - fl\_contact\_state: char(2) NOT NULL
  - fl\_contact\_zip: varchar(9) NOT NULL
  - fl\_mod\_user: varchar(8) NULL
  - fl\_mod\_date: datetime NULL
  - fl\_add\_user: varchar(8) NULL
  - fl\_add\_date: datetime NULL
- member** (Table 4):
  - mbt\_id: int NOT NULL (FK) (IE1.1)
  - mbt\_name: code: char(5) NOT NULL (FK) (IE1.1)
  - mbt\_premium: money NOT NULL
  - mbt\_dividends: money NOT NULL
  - mbt\_mod\_user: varchar(8) NULL
  - mbt\_mod\_date: datetime NULL
  - mbt\_add\_user: varchar(8) NULL
  - mbt\_add\_date: datetime NULL
- mmp** (Table 5):
  - mmp\_premium: money NOT NULL
  - mmp\_dividends: money NOT NULL
  - mmp\_mod\_user: varchar(8) NULL
  - mmp\_mod\_date: datetime NULL
  - mmp\_add\_user: varchar(8) NULL
  - mmp\_add\_date: datetime NULL
- state** (Table 6):
  - sl\_code: char(3) NOT NULL (FK) (IE1.1)
  - sl\_name: code: char(2) NOT NULL (FK) (IE1.2)
  - sl\_number: varchar(8) NOT NULL (FK) (IE2.1)
  - sl\_premium: year: int NOT NULL
  - sl\_levied: year: int NOT NULL
  - sl\_mod\_user: varchar(8) NULL
  - sl\_mod\_date: datetime NULL
  - sl\_add\_user: varchar(8) NULL
  - sl\_add\_date: datetime NULL

**Relationships and Annotations:**

- account** is linked to **claimant** via **agl\_id** and **agl\_name**.
- claimant** is linked to **file\_location** via **clm\_id** and **clm\_number**.
- file\_location** is linked to **member** via **fl\_code** and **fl\_desc**.
- member** is linked to **mmp** via **mbt\_id** and **mbt\_name**.
- mmp** is linked to **state** via **mmp\_premium** and **mmp\_dividends**.
- state** is linked to **member** via **sl\_code** and **sl\_name**.

Handwritten annotations include circled numbers (1-10) and letters (A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z) placed around the tables and their attributes, likely indicating specific data points or relationships of interest.

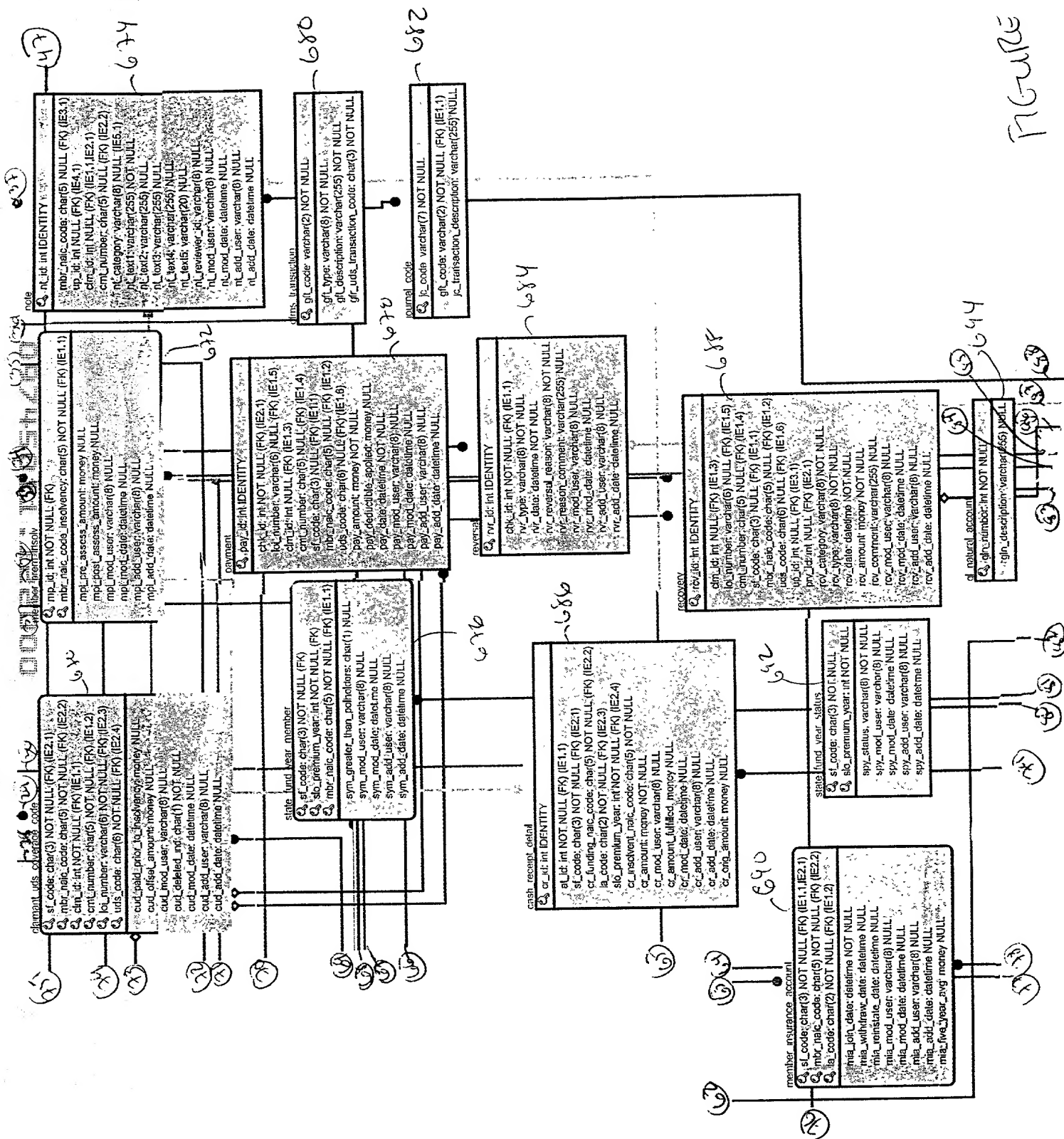


Figure 26F





[illegible]

Figure 26

1000

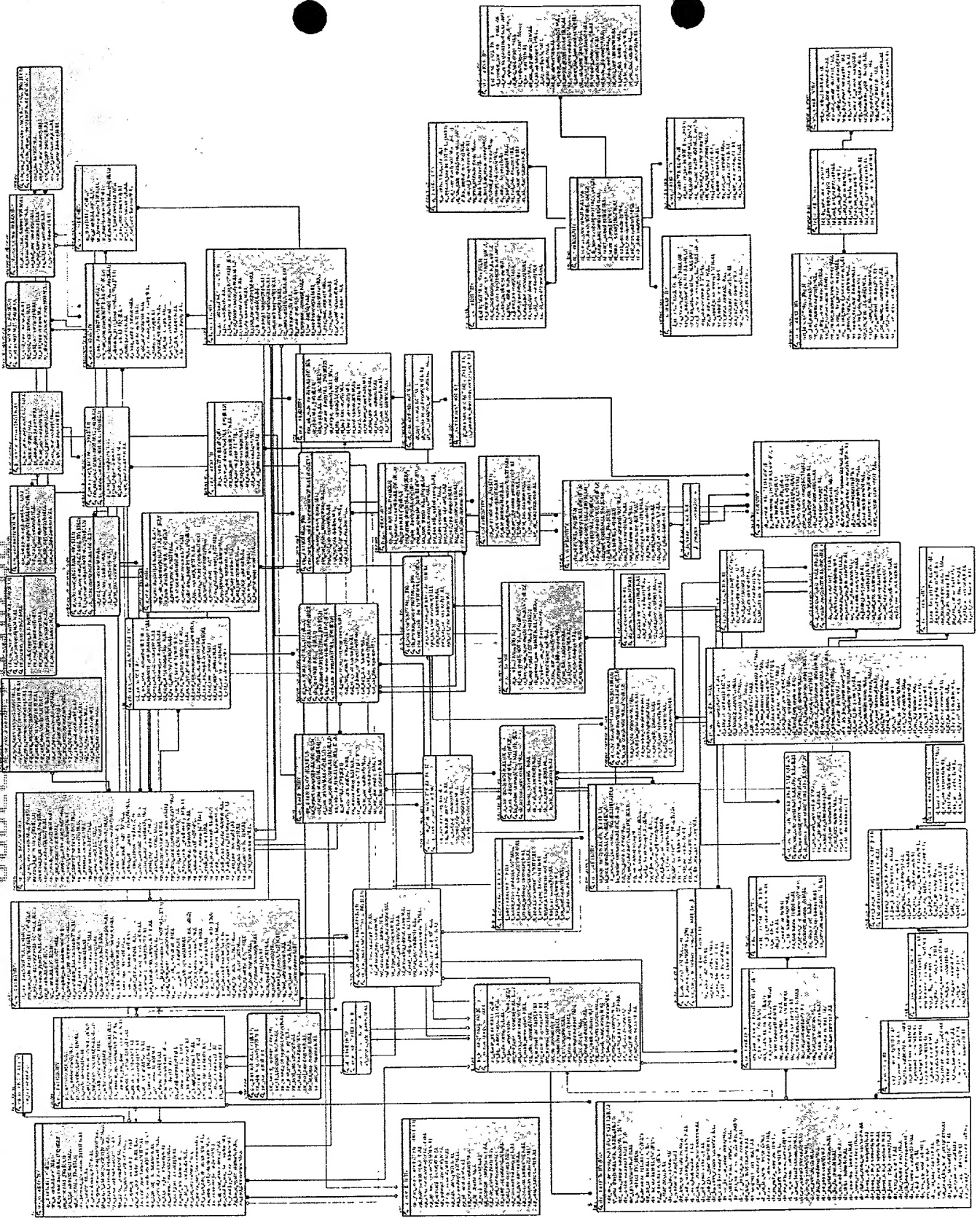


Figure 26-1



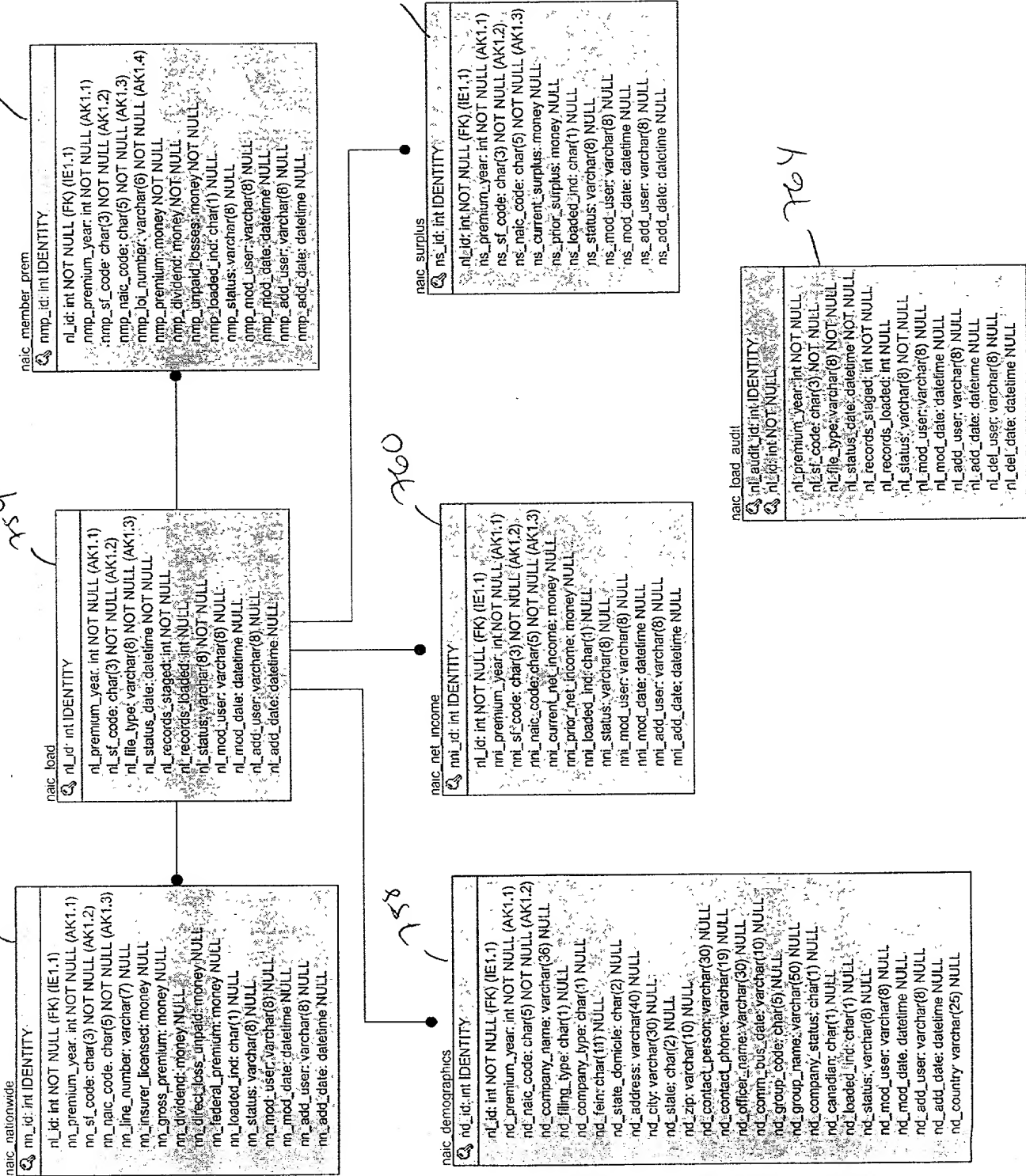


Figure 27

